SENDER: COMPLETE THIS SEC	COMPLETE THIS SECTION ON DELIVERY						
 Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de Print your.name and address on so that we can return the card to Attach this card to the back of the or on the front if space permits. 	esired. the reverse you.	A. Signatu X B. Receiv	are /// ecybyl (Prin	h Name)	Sü	☐ Ag ☐ Ad Date of	idress
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• Sender: Please print your name, address, and ZIP+4 in this box •

Kevin Shade (6SF-TE) U.S. EPA 1445 Ross Ave, Suite 1200 Dallas, TX 75202

